

L100000100807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

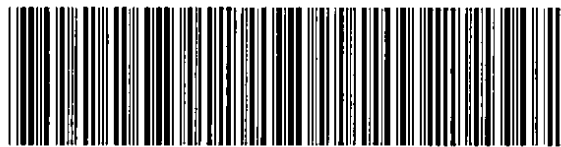
(Document Number)

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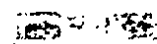
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2023 AUG 22 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF ILLINOIS



R. HUNT

08/22/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEUROLOGY AND SPINE CENTER LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORELL, THOMAS M.D.

Name of Person

NEUROLOGY AND SPINE CENTER LLC

Firm/Company

10201 ARCOS AVENUE, SUITE 103

Address

ESTERO, FL 33928

City/State and Zip Code

Neurospinecenter@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYANNA MCCAIN

239

919 4342

at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2023 AUG 22 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

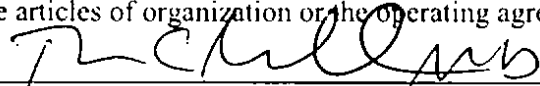
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: NEUROLOGY AND SPINE CENTER LLC
2. (a) NEUROLOGY AND SPINE CENTER LLC  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
10201 ARCOS AVENUE, SUITE 103  
ESTERO, FL 33928
- (b) NEUROLOGY AND SPINE CENTER LLC  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
PO BOX 313  
ESTERO, FL 33929
3. 08/16/2023  
Date of filing/registration in Florida
4. L10000100807  
Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
MORELL, THOMAS M.D.  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
3501 HEALTH CENTER BLVD., STE. 2140  
BONITA SPRINGS, FL 34135
- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**  
MORELL, THOMAS M.D.  
**NEW** Registered Office Address:  
10201 ARCOS AVENUE, SUITE 103  
ESTERO, FL 33928

FILED  
DIVISION OF CORPORATIONS  
2023 AUG 22 PM 12:40

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Thomas Morell, M.D.  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent